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DATE: March 7,	. 2005 11M	<i></i>	
TO:	USPTO	FAX NO.:	703-872-9306
FROM:	Christopher J. Dervishian	ADMIN. ASST.:	Patricia C. Boccella
APPLN. NO.:	10/785,364	ATTY. DOCKET NO.:	AFSI-100US (37861-193972)
TITLE OF APPLN.:	RISK MANAGEMENT SYSTEM		
FILING DATE:	February 23, 2004	ART UNIT:	3624
FIRST INVENTOR:	James E. Greenwood	CONF. NO.:	8973
TITLE OF DOCUME	NT (and List of Attachment	s): 2 Power of Attorne	and Correspondence Address
Indication Forms; Trai	nsmittal		
	Total Number of Page	es: 4 (including this f	form)
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PTO/SB/21 (09-04) (AW 10/2004)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/785,364		
		Filing Date	February 23, 2004		
		First Named Inventor	James E. Greenwood		
		Art Unit	3624		
		Examiner Name	Not Yet Assigned		
Total Number of Pages in This Submission 3		Attorney Docket No.	AFSI-100US (37861-193972)		
	ENCLOSURI	S (Check all that a	pply)		
Fee Transmittal Form Fee Attached  Amendment/Repty After Final Affidavits/Declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application Response of Missing Parts under 37 CFR 152 or 1 53	Petition Provis Power Chang Addre Termin Reque	ing-related Papers  n n to Convert to a ional Application of Attorney, Revocatio io of Correspondence		After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):	
SIGNATUR	E OF APPLIC	ANT, ATTORNEY O	R AGENT		
Firm Name RatnesPrestia Signature Printed Name Christopher J Dervishian	'n		-		
Date March 7, 2005		Registration	7 No. 4	2,480	
CERTI	FICATE OF TR	ANSMISSION / MAI	LING		
I hereby certify that this correspondence is being facsimi postage as first class mail in an envelope addressed to:					
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Typed or Printed Name   Patricla C. Boccella			Date	March 7, 2005	

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1935, no persons are required to respond to a collection of inform ration unless it displays a valid OMB control number. Application Number 10/785,364 February 23, 2004 Filing Date POWER OF ATTORNEY First Named Inventor James E. Greenwood AND RISK MANAGEMENT SYSTEM Title CORRESPONDENCE ADDRESS Art Unit 3624 INDICATION FORM

Examiner Name

I hereby appoint:    Practitioners associated with the Customer Number: 23122   OR		Attorney Doc	ket Number	AFSI-100	US (37861-193972)	
Practitioners associated with the Customer Number:    Practitioner(s) named below:	I hereby revoke all prev	ious powers of attorney given in	the above	identified appli	cation.	
or Practitioner(s) named below:    Name	I hereby appoint:					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-Identified application to:  The address associated with the above-mentioned Customer Number  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  State  Zip  Telephone  Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96)  SIGNATURE of Applicant-or Assignee of Record  Signature  Name  Kirk B. Spadt  Telephone  Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multipte forms if more than one signature is required, see below.	☑ Practitioners associate	ciated with the Customer Number	er:	23122		
Address  City  Country  State  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Name  Kirk B. Spadt  Registration Number  Registration Number  Registration Number  Number  Registration Number  Number of the above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-Identified application to:  The address associated with the above-mentioned Customer Number  OR  Firm or Individual Name  Address  City  Country  State  Zip  Telephone  Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Name  Kirk B. Spadt  Telephone  Title and Company  NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, sae below.	OR					
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The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City  Country  State  Zip  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96)  SIGNATURE of Applicant/or Assignee of Record  Signature  Nome  Kirk B. Spadt  Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest. or their representative(a) are required. Submit multiple forms if more than one signature is required, see below*.					,	
OR  ☐ Firm or Individual Name  Address  Address  City  Country  State  Zip  Telephone  I am the:  ☐ Applicant/Inventor.  ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96)  Signature  Signature  Name  Kink B. Spadt  Telephone  Name  Kink B. Spadt  Telephone  Oate  Oate  Oate  Oate  Oate  OATICS Signatures of all the inventors or assignees of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, see below*.	OR					
Firm or Individual Name  Address  Address  City  Country  State  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96)  SIGNATURE of Applicant-or Assignee of Record  Signature  Name  Kink B. Spadt  Telephone  Name  Kink B. Spadt  Telephone  Oate  Oat	☐ The address asso	ciated with Customer Numbe	r. [			
Individual Name  Address  Address  City  Country State Zip  Telephone Fax  I am the:	OR		Ŀ		<u></u>	
Address  City  Country  State  Zip  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant-or Assignee of Record  Signature  Name  Kirk B. Spadt  Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(a) are required. Submit multiple forms if more than one signature is required, see below*.						
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Country  Country  State  Zip  Telephone  Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Date  Date  Applicant or Assignee of Record  Signature  Name  Kirk B. Spadt  Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(a) are required. Submit multiple forms if more than one signature is required, see below*.						
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature Date D/D4/0.5  Name Kirk B. Spadt Telephone   Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(a) are required. Submit multiple forms if more than one signature is required, see below.						
Signature  Name  Kirk B. Spadt  Telephone  Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(a) are required. Submit multiple forms if more than one signature is required, see below."						
Name Kirk B. Spadt Telephone Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(a) are required. Submit multiple forms if more than one signature is required, see below.		SIGNATURE of Applicant	or Assign	ee of Record		
Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(a) are required. Submit multiple forms if more than one signature is required, see below."	Signature	Brook		Date	2/24/05	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(a) are required. Submit multiple forms if more than one signature is required, see below."	Name K	rk B. Spadt		Telephone		ŧ.
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M Statut of 2 frame and submitted	NOTE: Signatures of all the invitorms if more than one signature	entors or assignees of record of the entire e is required, see below*.	interest or the	eir representative(a)	are required. Submit mu	Miple
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PTC/SB/81 (11-04) (AW 11/2004)
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	Application Number	10/785,3	it displays a valid OMB control number	
DOMED OF ATTORNEY	Filing Date	·	23, 2004	
PÓWER OF ATTORNEY AND	First Named Inventor	7055	. Greenwood	
CORRESPONDENCE ADDRESS	Title	RISK M	NAGEMENT SYSTEM	
INDICATION FORM	Art Unit	3624	3624	
	Examiner Name	Not Yet /	Assigned	
	Attorney Docket Nun		JUS (37861-193972)	
I hereby revoke all previous powers of atto	mey given in the ab	ove-identified app	lication.	
I hereby appoint:				
Practitioners associated with the Cust	tomer Number:	23122		
OR			<u></u> -	
Practitioner(s) named below:				
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Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire into Statement under 37 CFR 3.73(b) is  Signature  Name  James E. Greenwood  Title and Company	Fax erest. See 37 CFR 3 enclosed (Form P) of Applicant of Assi	gnee of Record Date Telephone	2/24/05	
Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire into Statement under 37 CFR 3.73(b) is  Signature  Name  James E. Groenwood	Fax erest. See 37 CFR 3 enclosed (Form P) of Applicant of Assi	gnee of Record Date Telephone	2/24/05	

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